



MEDICAL ADVERTISEMENTS IN COLONIAL BENGAL, 1920-1940: SOME REFLECTIONS ON NOTIONS ABOUT WOMEN'S HEALTH AND DOMESTICITY

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ABSTRACT

Through a study of medical advertisements in late colonial Bengal, this paper seeks to engage with the notions of domesticity and womanhood. Medical advertisements in local newspapers were directed towards the Indian middle class, and hence these reflected, reinforced, and contributed to emerging discourses on Indian middle-class domesticity and women's health. Women's health, motherhood, and childhood were significant in the debates about the future of the nation and had become central to the reformist agendas of the British Raj, missionaries, Indian men, and women political activists since the nineteenth century. By addressing and reflecting these concerns, the ads foregrounded women's role as mothers and wives in managing family consumption and well-being.

INTRODUCTION

Advertisements are windows into popular notions and cultural values because, to be successful, these draw from the context they exist in. Roland Barthes notes, 'the signified of the advertising message are formed *a priori* by certain attributes of the product and these signified have to be transmitted as clearly as possible.'¹ To ensure optimum transmission of messages, advertisements reflect and reinforce the priori meanings of the time and place they are created in. Hence, they sell more than commodities. They sell or construct values, images, aspirations, concepts of love and sexuality.² This paper explores the middle-class notions of family and gender roles articulated by medical advertisements. The twentieth century saw an increasing consciousness about health, preventive food, and the medicalisation of family. These changes emphasised the role of mother and wife in the well-being of the family. Advertisements, therefore, became more oriented towards women consumers.

The study is based on selective issues of printed advertisements from some newspapers and weekly's published in colonial Bengal between 1920-1940. The newspapers include *Amrita Bazar Patrika* which was published in English and catered to middle-class readers. A Hindi periodical, *Matvala*, published in Bengal, has also been consulted. Besides, advertisements from *The Times of India*, an English daily published in Bombay, have been used for a comparative and comprehensive perspective on medical advertising.

The medical commodities advertised for women's health became common during the interwar period as foreign and indigenous enterprises flourished after the first world war. Historians writing on the socio-medical history of colonial India have explored various facets of colonial medical advertising. Madhuri Sharma has explored the cultural meanings these advertisements embodied,³ while Douglas Haynes has explored the theme of weakness in tonic advertisements and the history of medical advertisements in Western India.⁴ Projit Bihari Mukharji has studied the potential of medical advertisements to frame diseases.⁵ This study adds to this emerging research on medical advertisements by examining the role of advertisements in reinforcing notions about women's health and role within the family.

The paper is divided into two sections, each dealing with different themes related to medical advertising. The first section engages perceptions of women's bodies and health. It unravels medical theories and cultural ideas which shaped such conceptualization. This is followed by a second section which explores notions of domesticity, which the advertisements evoked. This section also argues that the increased importance of diet in the late colonial period became a new reference point for good health.

Late 19th-century nationalist discourses assigned the domestic/traditional realm to women, who were to serve as a bulwark against the stress of modernity/public world that Indian men faced under colonialism, giving them significant responsibilities in the household as caregivers of their husbands and children. In the 1920s, women's bodies were critical in debates over the age of marriage due to the growing concern about healthy and mature mothers' ability to produce healthy offspring for the well-being of the nation. Women's journals such as *Bamabodhini Patrika* and *Matrishiksha* educated women about conjugal life, personal hygiene, rules for pregnancy, management of child during infancy and childhood.⁶ Advertisements appealed to the ideas of domesticity, emphasizing the woman's role as guarantor of family well-being and guardian of children's future. A wide range of products (soaps, hair oil, cosmetics, perfumes, baby food, tonics, and medicine) were addressed to women within her household as commodities which promised to enable them to fulfil their domestic duties.

Advertisements addressed a list of complaints specific to women alone, such as menstrual pain, nervous disorders, uterine diseases, and digestive problems. Most marketed products dealt with menstruation and fertility-related ailments, reflecting the prevalent notions of menstruation as polluting and as medical condition. Anthropologists have shown that there exists a gendered hierarchisation of body fluids, i.e., there is a ranking of body products from the 'cleanest' to the 'dirtiest'. The most important consequence of this hierarchy of bodily fluids is "*an unconscious but universal conviction that a woman is dirtier than man*" (emphasis original).⁷ These hierarchies are shaped by notions of purity and pollution. Mary Douglas, a British anthropologist, was the first to theorize on the ideas about purity and pollution in her book *Purity and Danger*, published in 1966. She posits that purity is an image of order where things are assigned their naturally occurring position, and each thing is in its proper place.⁸ However, when things are 'out of place/ order', they become 'dirt', 'filth' and 'pollution'. In any context, appropriate place/ order is clearly a matter of categorization, usually done by the socially powerful. According to Douglas, when things do not fit neatly into society's classification of order, lie at the margins, or cross the boundaries of these categories, they are perceived as 'dirt'. Thus, according to Douglas, dirt is matter 'out of order'.

Some anthropologists have extended Douglas' ideas to study other phenomenon related to women, such as menstruation, pregnancy and childbirth. Anthropologists agree on the point that women are considered polluting, 'either in general or at particular times' all over the world. Mavis Kirkham argues that 'women leak, inevitably and often bountifully. Menstrual blood, birth dirt fluids, breast milk and sometimes tears leads women to be seen as leakier than men at a physical level'.⁹ Eichinger Ferro-Luzzi opines that women are generally perceived as polluted during their menstrual period as well as during childbirth. Luzzi asserts that these kinds of pollutions are involuntary and temporary wherein women become untouchable and may become unusable by men till the condition lasts.

Kuldip Bharj points out that in Judaism, Islam, Hinduism and Sikhism, menstruating women are perceived to be polluting.¹⁰ The Vedic texts of India are full of mythological explanations on how women came to acquire the position of being impure and, thus, inferior to men. In such texts, J. Leslie writes that 'menstrual blood is regarded as impure and dangerous because it was the result of Indra's curse.' Since women are the bearers of the curse, they are in turn subjected to severe restrictions.¹¹ Given that certain things and people are considered polluting, society designs certain rules and rituals to minimize the 'danger' of defilement due to encounters with the pollutant.

Such rules, rituals and taboos were practiced in colonial India. Abbe J.A. Dubois, a French missionary who lived in India for thirty-one years during the first half of the nineteenth century, described the practices of Hindu Brahmin women during the state of menstruation:

A woman during her menstrual period shall retire for three days to a place apart. During this time, she shall not look at her children, or at the light of the sun. On the fourth day she shall bathe, observe the proper rites for such occasions which were established before Kalyuga.¹²

Reforming discourses of the 19th century questioned norms of seclusion practised by menstruating Hindu women, while modern medicine challenged the notion that exposure to menstruation posed a danger to male health.¹³ Yet the perception of menstruation as polluting, and thus necessitating women's confinement, held ground in the colonial period. A few examples of taboos from the late colonial

period are also available. A reader, writing to *The Times of India* in 1925, stated that a Hindu householder is forbidden to touch his wife during the period of menstruation and for a certain period after childbirth. The woman was enjoined not to touch any person except when absolutely necessary.¹⁴ Such ideas of pollution and taboos linked with menstruation were also prevalent in Britain.¹⁵ Taboo related to not touching food continued even in the mid-twentieth century among the British, who believed that if menstruating women touched food, it swiftly decomposed.¹⁶

While taboos regarding women's body persisted, they came to be discussed in the public sphere by the nineteenth century. Periodicals and journals indicate that discussions about the female body, the menstrual cycle, and childbirth were no longer limited to relatives of women, local specialists, and doctors. Literary space, including advertisements, brought these issues of women to the public domain.¹⁷ Medical commodities presented discrete methods to deal with woman's irregular menstruation and infertility. Several commodities, such as pills and salts, were advertised by indigenous and western manufacturers for ailments related to menstrual irregularity.

Women's bodies in the advertisements were discussed as being especially vulnerable and pain ridden, requiring specific medication.¹⁸ Medical advertisements medicalised this condition by reiterating that women were sick, bad-tempered, and irritable during their menstruation. For example, Feluna tonic advertisements regarded women as 'really sick people.' Functionally 'out of step' as a rule.¹⁹ The most frequent terms used in Hindi were *masik dosh*²⁰ and *masik dharma vicar*.²¹ The advertised commodities promised to correct the divergence from the normal course of life through medical intervention. Kalzana calcium tablet advertisements claimed to regulate the functions 'peculiar to women' and, thus, bring women 'back to real, undisturbed' and carefree health. The rhetoric of 'cleansing' the female reproductive system was frequently used by both Indian and European pharmaceutical advertisements and included a wide variety of products, from tonics and tablets to ayurvedic concoctions. Holloway's Pills employed the same rhetoric, claiming to be 'searching and cleansing, yet invigorating'.²² Products marketed as a cure for menstrual disorders often portrayed an Indian mother attending to her sleeping baby. Shilajit advertisements claimed to cleanse women's womb so that they could give birth to *uttam balwaan santan* (perfect strong child).²³ In other words, the products claimed to remove all menstruation related irregularities, promised to cleanse women's womb, and endow fertility.

The advertisements not only framed the irregularity in menstruation cycle as a disease but also menstruation itself as disease. The most common terms used by the advertisers to describe this state of women were 'functionally derangement'²⁴, 'internal disorder'²⁵, 'internal female disorder'²⁶ and diseases 'peculiar to the sex.' Women were seen as sick when menstruating. Feluna advertisements elaborated:

They never are well. Not really. They don't look well. Life for them is almost an effort,- as dull and "sick" as internal health gone wrong can make it...when functional harmony is disturbed...then we see the [emphasis original] "PLAYED OUT" woman, weak, listless, good for nothing.²⁷

The dominant idea was that women were sick, 'nervy' and irritable when they were menstruating, and this sickness was due to irregularities of their reproductive organs. Medical commodities promised to regulate these irregularities and restore cyclic rhythm to bring women to a 'natural' state. In contrast, advertisements oriented towards men primarily focused on their sexual and physical health. These were embedded in colonial discourses over the racial weakness of the colonised, and indigenous concern in preserving virility (semen). Ishita Pande has argued that though depletion of strength due to sexual excess had been a part of medico-moral ideas since antiquity, in colonial Bengal, the horrors about loss of semen were amplified due to the colonial discourse and the self-image of the Bengali as an 'enfeebled, effeminate and degenerating race'.²⁸ Loss of semen signified a loss of masculinity and the loss of nation to alien race. At the same time, the nationalist counter-discourse, which emphasized physical culture to prevent degeneration, also reinforced the status of semen as the essence of manhood. Madhuri Sharma has pointed out that colonial Banaras witnessed large-scale circulation of cheap guides on *brahmacharya*. The perseveration of semen through *brahmacharya* became the bases of a healthy body and mind and, by extension, the building block for social and political power and cultural identity.²⁹ Hence, unlike menstruation which embodied ideas about pollution and dirt, semen was conceptualized as the 'essence of manhood', virility and strength. Unlike menstruation, which was supposed to be expelled from the body to cleanse the body, semen was supposed to be preserved and its loss amended, even through medical intervention. Newspapers, especially in the vernaculars, were flooded with advertisements for aphrodisiacs and tonics for men which connected loss of *virya*, or semen, with a lack of strength, infertility, loss of manhood, and an unhappy conjugal life. Dr. Biswas' Magic Pills, frequently advertised in *Amrita Bazar Patrika*, was marketed as a remedy for the 'evil effects of youthful excess', 'loss of manhood' and all varieties of seminal and wasting diseases.³⁰

The medical conceptualization of the body in the advertisements was also informed by tropical medical theories, which were a major part of the colonial

health policies in India. Contemporary psychiatrists of the 1890s held that the high temperatures exacerbated mental disorders.³¹ Ernst Waltraud has pointed out that the colonizers considered the Indian climate as inhospitable and dangerous. The sun, heat, and dust was believed to cause a whole range of ailments, such as heat-stroke, adultery, depression and paralysis, nervous exhaustion, irritability and neurasthenia.³² Tropical medical theories attributed illness and bodily and moral breakdowns to the climate.

The tropical theories, situated in racial discourses, suggested that Indians were especially prone to nervous conditions. Colonial psychiatry, such as the Algiers and the East African Schools, produced immense knowledge on indigenous psychology. Natives were perceived to be predisposed to madness due to the tropical climate and backward civilization. On the other hand, the Europeans were perceived to suffer from insanity because they were unable to withstand exotic and dangerous colonial climate and culture.³³

Medical advertising reproduced and reinforced such racial medical theories. Advertisements attributed the problems of nerves to various reasons such as the hot climate, over work and the strains of civilizational progress. Problems with nerves were mentioned repeatedly in the advertisements. They often portrayed the nerves as the ultimate key to physical well-being. Both indigenous and western commodities often used the term 'nerve tonic', and 'nerve repairing food.' Even the indigenous pharmacies used tropical medical theories to increase their appeal. For instance, an advertisement for Suraballi pointed out that nervous disease is rapidly increasing among the 'more cultured people'. 'Nerve force is the basis of all life. When this life element is lacking, illness, weakness and suffering step in.'³⁴

One also comes across gendered narratives in advertisements. Victorians believed that women were more prone to mental illness than men because of their reproductive system and that madness was caused by female heredity.³⁵ It was assumed that a woman's mind was weakened, and hence prone to madness, during puberty, pregnancy, childbirth, and menopause. Moreover, it was widely believed that European women in India were more prone to nervous disorders than European men. The strains of colonial life, such as the tropical climate, the danger of disease, idleness, dislocations of the family and high rate of child mortality accentuated European women's propensity to nervous breakdowns.³⁶

Such beliefs about women's predisposition to nervous disorder was repeated in the advertisements. The advertisements paint a picture of both Indian and European women as 'nervy', frivolous and irrational and, therefore, different from males, who are supposed to be rational and calm. A point to note here is that advertisements for digestives and laxatives often portrayed women, almost suggesting that constipation was specific to women since women were supposed to be more prone to imbalances of body and mind. Beecham's Pills for constipation aptly captures such gendered medical discourse. The advertisement portrays a European woman without a background, and the text of the advertisement reads,

Women are different. Women's sensibilities are finer, her enthusiasm deeper than man's. She overworks, over plays, "lives on her nerves" and is nearly always constipated and suffers. Women need Beecham's Pills. They bring colour to the cheeks, sparks to the eyes, and quiet to the nerves by stimulating healthy digestion, and regular complete elimination. Beecham's Pills enable woman to be at her best.³⁷

In a similar tone, Ovaltine tonic also advocated European women's propensity to nervous disorder. In one advertisement, a European lady was depicted sitting in her bed, trying hard to sleep and thinking, "if only I could sleep! My nerves are all on edge. I shall be in a terrible state tomorrow, what wouldn't I give for a good night's rest!" In such situations, Ovaltine listed itself as a tonic which 'soothes the nerves and induces natural restorative sleep.'³⁸

Such portrayal of women as irritable and nervy was not limited to European women alone. Indian women were depicted in a similar way. Kalzana (a calcium tablet for women), often advertised in *Amrita Bazar Patrika*, listed that it 'conquers irritability of the nerves and all other forms of ill health'.³⁹ Advertisement for Kruschen Salts, a digestive, depicted two pictures with an Indian couple. In one, the wife looked distressed before taking the salt; in the other, the wife was shown as smiling after talking the digestive. The man in the advertisement narrated the story as follows:

I was upset about my wife a few weeks ago, she never ate her food at all and she was always irritable...then my friend recommended me to give her Kruschen Salts- I took his advice and now my wife is a changed woman. She has her appetite back and she is always laughing and playing with the children.⁴⁰

Notions of Middle-Class Domesticity

Research on the middle-class family in Bengal has pointed towards the growing medicalization of the family, which, in tandem with notions of conjugal and domesticity, placed stress on the wife's prominent role in maintaining family hygiene, raising children, ensuring good nutrition, and health.⁴¹ Projit Mukharji argues that a vast amount of medical advertising in nonmedical forums led to the progressive medicalization of everyday complaints and anxieties associated

with lower middle-class urban lifestyles. Advertising reconstituted how people experienced and expressed their most intimate selfhood. Thus, indigestion, constipation, lassitude, weakness, problems of anxiety about the adulteration of cheap foodstuff, etc., took medical dimensions, and consumers acted as agents of their own medicalization.⁴² In this context, the family's health became the women's primary duty.

In his study of advertisements in western India, Douglas Haynes has shown that the ads were tapping into the new nuclear family models emerging in large cities.⁴³ In Bengal, however, advertisements represented both joint and nuclear family models. Rochana Majumdar observes that colonial Bengal saw a valorisation of joint family as part of the modernization project of the middle class.⁴⁴ A birth control pill, the wife's friend, emphasized smaller families because 'to give your children the best possible start in life, family limitation is a question which must be considered'.⁴⁵ While on the other hand, advertisements by Quaker Oats depicted joint families with grandparents, uncles and aunts in them.⁴⁶ Most advertisements for Quaker Oats depicted Indian families with grandparents, uncles, and aunts. Horlicks also ran an advertisement in the 1940s whose slogan was, "Joint family saved from disruption".⁴⁷ Such advertisements reflected middle-class anxieties about changing family models.

Advertisements drew on the male's cultural importance in a patriarchal society. The male or father was always depicted as the breadwinner of the family and was shown in settings like an office or talking about anxieties of failure in business due to loss of vigour. Douglas Haynes argues that by depicting the male breadwinner in a work environment or white-collar jobs, such advertisements sought to link themselves with professional customs in urban life, which emphasized qualities such as self-confidence and adherence to routinized office life as keys to economic success.⁴⁸

In both nuclear and joint families, motherhood and companionate wife were presented as the ideal course of life for women. Wives were depicted as attending to their husbands' every need, giving them tonic, healthy food and healthy sons. Ovaltine advised the wife to 'give him a cup of delicious Ovaltine and continue it daily in the future to keep him strong and fit and prevent fatigue'.⁴⁹ Ads reinforced the care-giving duty of the wife by evoking that 'the health of her family is the chief concern of every thinking woman'.⁵⁰ An expected attribute of the companionate wife was to provide a harmonious family life. Advertisements promised to provide this by readdressing 'nervy' bodies of women and enabling women to develop calm, composed, and beautiful demeanour.

The nationalist movement glorified motherhood in its struggle against colonialism. Jasodhara Bagchi asserts that Bengali mothers proverbially stood for unstinting affection, manifested in an undying spirit of self-sacrifice for the family. Bagchi points out that such glorification of motherhood belonged to the realm of myth alone while, in reality, patriarchal subordination and 'hidden exploitation' of women was strengthened. In this way, the nationalist movement undid the fruits of the social reform movement of the nineteenth century. Glorification of motherhood made childbearing and nurturing the sole purpose of women's lives.⁵¹

Other literature, whether medical or not, placed equal importance on motherhood. Madhuri Sharma has analyzed Hindi periodicals and journals in Banaras. She has pointed out that discussion about the female body, the menstrual cycle and delivery was no longer limited to women relatives alone. Thus, literary space brought these issues related to women into the public domain.⁵² However, Sharma also points out that an eugenic imperative lay behind the discussion around women's health in literary circles. Thus, the literary discussion on women's health revolved around their reproductive roles.

The medical advertisements, both in vernacular and English, for women's health explicitly foregrounded and reinforced the reproductive roles expected from women. Moreover, the husbands were also advised to pay attention to their wives health since it was vital for 'producing robust children instead of those weaklings who go to swell the ranks of the unfit, or to increase the rate of infantile mortality'.⁵³ Motherhood was also naturalized and cherished as the best part of feminine life. This point is aptly illustrated by an advertisement for Feluna pills which pointed out that, 'despite all the birth control talk, married people, especially women, want children of their own. Nature makes her yearn for Motherhood'.⁵⁴

The health of the child was a central concern of the middle-class family, and the advertisements tapped into such concerns. The children depicted were usually boys. This points towards the privileged position and desire of male children within Indian society. Most advertisement for children's drinks or food specifically used terms like '*balako*' or '*ladke*', meaning boys. For instance, Lal Sarbat, a health drink, was advertised to make boys strong, '*is se ladke hast pusht wo taqatwar ho jate hain*'.⁵⁵ An advertisement for Wincarnis tonic for men used the slogan, 'This man is Proud of his son!'.⁵⁶

Moreover, the consumer of baby food was presumed to be primarily a mother, drawn towards the image of a well-rounded and robust baby. Thus, the concept of the ideal mother who strives to provide the best brand of foodstuff to her child was implicitly articulated in the advertisements. Products for children ranged

from baby food, tonic, soaps, and cough syrups. The most frequently appearing baby food advertisements in *Amrita Bazar Patrika* were by Allenburs' Foods and Glaxo's baby food. These ads marketed the concept of an ideal mother who strives to provide the best brand of foodstuff to her child. Plasmona, a tonic for children, directed mothers to give their sons Plasmona three times daily.⁵⁷ Ovaltine company portrayed two Indian women attending to a child sleeping in the cradle. The text read, 'Nobody knows better than an Indian mother that no food is so good for baby as maternal milk. It is great sorrow to many mothers to find that their supply of breast milk is either entirely fails or is inadequate. Expectant mothers can ensure their supply of breast milk by drinking Ovaltine daily during pregnancy and during the nursing period. A happy healthy child fed in Nature's own way is the reward of mothers'.⁵⁸

Advertisements also tapped into middle-class concerns about educating their offspring to ensure a successful professional career and social reproduction. Quaker Oats pictured a young Indian boy struggling to focus on his book. Ovaltine drink claimed that the 'children require abundant of good food if they are to grow up healthy and strong, and as food in India actually lacks the nourishment necessary to growing children, the wise parents supplement it with Ovaltine'.⁵⁹

A concern with balanced diet and immunity building became a part of twentieth-century colonial and anti-colonial discourses. The microbiological revolution of the late nineteenth century gave birth to a new science of immunology and recognition of the role of nutritional factors and vitamins in immunity building.⁶⁰ Medical advertisements were participants in articulating and reinforcing these ideas about nutrition and preventive care. The concept of a 'balanced diet' garnered effective attention in the English dailies (*Times of India*) only after 1925 and post-1930 in *Amrita Bazar Patrika*. These dailies were flooded with articles on balanced diet, columns on methods of preparing balanced diet, news about recent innovations in the artificial production of Vitamins, and research on nutritional qualities of Indian food such as ghee, vanaspati and toddy. Mahatma Gandhi also exhorted Congress workers to spread awareness among poor sections of society about good nutrition, such as the use of pounded rice instead of polished rice.⁶¹ Similarly, a reader named Ray Baker, in an article, '*Man's food shapes his destiny*', in *Amrita Bazar Patrika*, gives us a glimpse of the enthusiasm related to the discovery of vitamins.⁶² He wrote:

Scientist have found that headlight blindness, which causes many automobile accidents, can be minimized by eating carrots, green vegetables and dairy products which contain Vitamin A, needed for good vision, especially at night.... *You count on the future generation changing for better from the standpoint of health, mental power and longevity; as more and more food secrets are put to use...* The observation of diets has taught us that nutrition is the key to health... Compared with 27 years of life of the average man in India, the American male can expect to live 60 relatively healthy years because of gradual elimination of formerly pernicious diseases by the use of better food...⁶³ (Emphasis mine)

Besides the discussion in the literary sphere about balanced diet, food research institutes were also established in some provinces in India to investigate the nutritional quality of Indian foodstuffs, to provide better health through cheap and balanced diet to people of India. In addition, booklets on balanced diet were circulated to create awareness among people. Sir Robert McCarrison was a pioneer in such investigation and conducted his studies at the Nutrition Research Institute at Coonoor under the Indian Research Fund Association. He observed that an optimum diet containing vitamins was necessary for maintaining health and eliminating many common complaints, and was within reach of the poorest classes in India. McCarrison also published a booklet on food that was also translated into vernaculars. In a health bulletin issued by Nutrition Research Laboratories, Coonoor emphasized the need to include 'protective food' which was rich in proteins, vitamins and mineral salts, and protect the body against the ills which result when the diet is primarily based on less nutritious foods, such as milled rice.²

The issue of deteriorating public health in Bengal was taken up by Dr. C.A. Bentley, Director of Public Health in 1928. He ascribed this deterioration of health to improper and inadequate food habits of the Bengalis. Bentley pointed out that a large number of wealthy Bengalis had given up their 'old fashioned food', which was not only cheap but also contained more vitamins. According to Bentley, this change in food habits made the Bengalis 'physically weaker than neighbours'.⁶⁴ Here we see a discussion on balanced diet reinforcing the colonial discourse on the effeminacy of Bengalis. Not only the climate and racial degeneration, but also the food habits were regarded as a cause for the weakness of the colonized. A newspaper article stated that it was 'possible to build up the physique of those Indian races which suffer from deficient food, such as the Bengali and the Madras, to the same standard as that of other races which have a more balanced diet, such as the Sikh and the Pathan'.⁶⁴

Medical commodities drew on this new anxiety about vitamins and introduced a new point of reference for health. Some companies launched new products, and some changed their strategies and brand names to accommodate the new interest in immunity building. For instance, Glaxo baby food started calling itself 'the vitamin milk food' after 1925 instead of just milk food.⁶⁵ Wander Company

Limited, which manufactured Ovaltine, a supplement for lactating mothers and tonic for men, also launched Vitamol in the 1940s, promising to 'fortify the system with the natural vitamins which are vital to the maintenance of health'.⁶⁶ Some indigenous manufacturers continued to emphasize the herbs and metal content of their commodities for the fortification of bodies. Jiban Rasayan, an ayurvedic tonic for body and mind, critiqued the emphasis on vitamins for protection against diseases.⁶⁷

This paper has highlighted some key issues pertaining to women's health and notions of domesticity as articulated through advertisements. Through advertisements, it has been shown how the medical market reinforced and contributed to prevalent discourses on Indian women's role within the domestic world of the middle-class family in the interwar period. In the context of increasing concern about hygiene, preventive food and the medicalisation of family, it further reinforced the domestic duties of mother and wife. As a result, medical advertisements became more oriented towards women consumers and offered them commodities to fulfil their domestic roles.

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